



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

October 28, 2014

**TO: Medicaid Providers (PT #45)
General Provider Letter (PL #A-7)**

RE: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. You can learn more about EPSDT at this link <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>. In addition, a list of frequently asked questions related to EPSDT is enclosed with this letter.

In the past, the Department for Medicaid Services (DMS) required providers to obtain a separate number to bill for services provided under the EPSDT benefit. However, DMS no longer requires providers to obtain a separate number. You are receiving this letter because you have been identified as a Medicaid enrolled provider who also has a separate EPSDT number. You will no longer need to use the EPSDT number to bill for services that are within your scope of practice that you provide to children under the age of 21. All EPSDT provider type numbers that are assigned to Medicaid enrolled providers who deliver services outlined in the Medicaid State Plan will be end-dated effective July 1, 2015.

If you are a waiver provider and you have an EPSDT number that you use to bill Medicaid for Occupational, Physical, or Speech therapy, you will not be able to use that EPSDT number beginning July 1, 2015. Therefore, if you wish to continue to provide these therapy services, you must complete an application to enroll and obtain a provider number in the appropriate provider type to deliver those services. The Provider Licensing and Certification Branch will expedite applications for those providers applying for another provider type number. Providers will be given until June 30, 2015 to enroll as another provider type. Effective July 1, 2015, the EPSDT number will be end-dated regardless of whether or not the provider has enrolled in another provider type.

All other requirements related to the EPSDT benefit have not changed. All prior authorization and medical necessity requirements are still in place. If you have questions about the EPSDT program,

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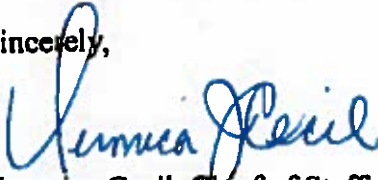
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please contact the EPSDT Program Manager at 502-564-9444. For questions regarding enrollment in the Kentucky Medicaid

program, please go to <http://www.chfs.ky.gov/dms/provEnr/> or contact the Provider Licensing Branch at 1-877-838-5085. DMS will work closely with providers to ensure a smooth transition.

Sincerely,

A handwritten signature in blue ink, appearing to read "Veronica Cecil".

Veronica Cecil, Chief of Staff
Director, Division of Program Integrity
Kentucky Department for Medicaid Services

Enclosures

VC/ll/kl

EPSDT Frequently Asked Questions for Providers

October 28, 2014

1. What is EPSDT?

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. You can learn more about EPSDT at this link <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

2. How do I know if a service is covered under the EPSDT benefit?

If you believe a child under the age of 21 needs a medically necessary service that is not on the current list of benefits or fee schedule for your particular provider type, you should call the child's assigned Managed Care Organization (MCO) or the Department of Medicaid Services if the child is not enrolled in an MCO and request a prior authorization for the service. The EPSDT benefit covers all federally allowable Medicaid services. For example, dental is a federally allowable Medicaid service and Kentucky Medicaid limits dental cleanings to two (2) per year for children under age 21. Any additional dental cleanings that meet medical necessity can be provided through the EPSDT benefit.

3. Are there services that EPSDT benefit will not cover?

Yes, there are services that EPSDT will not cover. Services not covered include but are not limited to: respite, environmental items, educational items, experimental services, and supported employment. In addition, EPSDT will not cover the cost of room and board.

4. Is there a list of EPSDT benefits that I can review?

No. EPSDT benefits are unique to each child. For a list of federally allowable services and to learn more about EPSDT, you can visit this website:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

5. What do I have to do to become an EPSDT provider?

If you are currently enrolled in the Medicaid program, you can provide services to children that are not listed on your fee schedule if the service meets medical necessity criteria. Managed Care Organizations (MCO) may require a prior authorization for services provided under the EPSDT benefit. You will need to check with the child's MCO regarding specific services and prior authorization requirements. If the child is not assigned to an MCO, you must obtain a prior authorization from CareWise. If you are not a provider that is eligible to enroll in the Medicaid

program and you provide medically necessary services to children that meet federal criteria, you should contact the Department for Medicaid Services at 502-564-9444 and inquire about becoming a Medicaid enrolled provider.

6. How do I file EPSDT claims?

EPSDT claims are filed just like traditional Medicaid claims. Follow the instructions provided to you by the MCO or the Department for Medicaid Services required for appropriate claim submission. A prior authorization number may be required on the claim form.

7. What if a request for an EPSDT benefit is denied?

When a request for service is denied, the child's parents or caregiver will receive a letter outlining the denial reason and explaining the appeal process. It is the responsibility of the parent or guardian to appeal denied services if they believe the service was denied inappropriately. The parent or guardian must follow the process for the appeal as outlined in the denial letter. The appeal must be postmarked within 30 days of the date on the denial letter.

8. How do I know which children are eligible for the EPSDT benefit?

Most Medicaid children are eligible for the EPSDT benefit. A few children enrolled in the Kentucky Children's Health Insurance Program (KCHIP) are not eligible for the EPSDT benefit. Children who are identified with a P7 status code are not eligible to receive the EPSDT benefit. If you are unsure about a child's eligibility, you may contact the Department for Medicaid Services or the child's MCO.

9. How are payments for EPSDT benefits calculated?

Reimbursement rates are typically based on your MCO contract, a similar service in the Medicaid program, or negotiated.

10. I have an EPSDT provider number and a Medicaid provider number AND I am not a waiver provider. Do I still need to use both numbers?

No. In the past, the Department for Medicaid Services required providers who were providing services not listed on their specific fee schedule to have a unique billing number for services provided through the EPSDT benefit. The second number is no longer needed and will be obsolete on July 1, 2015. If you are providing services and billing under the EPSDT benefit, you will need to make sure you meet the provider qualifications for those services as they are outlined in Kentucky's approved State Plan Amendment (SPA) for Medicaid services.

11. I have an EPSDT provider number and a Medicaid provider number AND I am a waiver provider. Do I still need to use both numbers?

If you are using your EPSDT provider number to bill for occupational, physical, or speech therapy, you will need to enroll in Medicaid as a provider type that is eligible to provide those therapy services. You will still use your waiver provider number to provide waiver services only.

All EPSDT provider numbers that are being used to deliver and bill Medicaid for services covered under the state plan will be end-dated effective July 1, 2015. This is being done to comply with federal guidelines.

12. What services were billed under the EPSDT benefit but are now included in Medicaid's state plan and for which I need to meet provider qualifications?

- Occupational Therapy
- Speech Therapy
- Physical Therapy
- Substance Use Treatment Services
- Private Duty Nursing

If you are providing these services, you must enroll in Medicaid in the appropriate provider type. These services cannot be billed under the EPSDT benefit. The Department will allow providers until June 30, 2015 to obtain the appropriate provider number to bill for these services.

13. Why did you eliminate the EPSDT number?

We eliminated the need for a separate EPSDT number to increase timely access to needed services for children and to be in full compliance with federal guidelines.

14. Can I still use my EPSDT number to bill?

If you only have an EPSDT number and the services you provide are not outlined in Medicaid's State Plan, you will continue to bill with your EPSDT number. If you have an EPSDT provider number and another Medicaid provider number, you will not bill under your EPSDT number for any services that are outlined in the state plan and for which you are licensed and qualified to provide.

15. What if I only have an EPSDT number? Do I need to get another Medicaid number?

If you only have an EPSDT number and the services you provide are not outlined in Medicaid's State Plan, you will continue to bill with your EPSDT number. You can check with the Department if you have any questions.

16. Will I receive the same reimbursement when I enroll as a provider of state plan services as I receive as an EPSDT provider?

Reimbursement rates are typically based on your MCO contract, a similar service in the Medicaid program, or negotiated on a case-by-case basis. The same reimbursement is not guaranteed.